

Exhibit B

CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER

RIDGEVIEW MEDICAL CENTER AND CLINICS

#2617

SUBJECT: PRIVACY OF PROTECTED HEALTH INFORMATION**ORIGINATING DEPT:** Revenue Cycle Services**DISTRIBUTION DEPTS:** All**ACCREDITATION/REGULATORY STANDARDS:****Original Date:** 5/93**Revision Dates:** 3/96, 8/96, 8/02, 4/03, 8/06, 12/09, 6/14, 10/14**Reviewed Dates:** 8/99, 2/01**APPROVAL:**

Administration: _____

Privacy Officer: _____

POLICY: HIPAA PRIVACY PRACTICES

During treatment at Ridgeview Medical Center, doctors, nurses, and other caregivers may gather information about patient medical history and current health. This policy explains how that information may be used and shared with others. It also explains the patient's privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Ridgeview Medical Center.

We are required by law to: make sure that medical information that identifies the patient is kept private; give patient a notice of our legal duties and privacy practices with respect to medical information; follow the terms of the notice that is currently in effect; and notify the patient in the event there is a breach of any unsecured protected health information.

Ridgeview Medical Center will use the minimum necessary standard when access and releasing PHI, understanding that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function essential to care of the patient or operations of the organization. Ridgeview Medical Center will evaluate practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information. The minimum necessary standard does not apply to the following:

- Disclosures to or requests by a health care provider for treatment purposes.
- Disclosures to the individual who is the subject of the information.
- Uses or disclosures made pursuant to an individual's authorization.
- Uses or disclosures required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Rules.
- Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes.
- Uses or disclosures that are required by other law.

MEDICAL INFORMATION MAY BE USED AND DISCLOSED FOR THE FOLLOWING PURPOSES:

- **Treatment:** We may use information to provide, coordinate, and manage patient care and treatment. For example, a Ridgeview Medical Center physician may share medical information with another physician for a consultation or a referral. We will get written consent prior to making disclosures outside of Ridgeview Medical Center for treatment purposes, except in emergency circumstances when it is not possible to get consent.
- **Payment:** We may use and disclose medical information so that the treatment and services received may be billed to, and payment may be collected from, the patient, an insurance company, or another third party. For example, we may need to give health plan information about treatment received at Ridgeview Medical Center so the health plan will pay or reimburse for the treatment. We may also tell the health plan about a treatment the patient is going to receive to obtain prior approval, to determine whether the plan will cover the treatment or for purposes of an independent review of a denial of a claim based on lack of medical necessity. We will get written consent prior to making disclosures for payment purposes.

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- **Health Care Operations:** We may use and disclose medical information for Ridgeview Medical Center's health care operations. Health care operations are the uses and disclosures of information that are necessary to run Ridgeview Medical Center and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and physicians in caring for our patients. We will get written consent before making disclosures to others outside of Ridgeview Medical Center for health care operations purposes.
- **Appointment Reminders and Other Health Information:** We may use medical information to send reminders about future appointments. We may also send refill reminders or other communications about current medications. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain written authorization to make such communications. We may contact patients with information about new or alternative treatments or other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain written authorization to make such communications. However, we are not required to obtain written authorization for face-to-face communications.
- **Fundraising:** Ridgeview Medical Center, one of its business associates or Ridgeview Foundation may use certain information (specifically, name, address, age, gender, date of birth and other demographic information; dates patient received health care; department of service information; treating physician; outcome information and health insurance status) to let the patient know about opportunities to raise funds for Ridgeview Foundation. Patients have the right to opt-out of receiving such fundraising communications. Each fundraising communication sent will include an opportunity to opt-out of future fundraising communications. Patients may notify Ridgeview Foundation to opt-out of fundraising communications.
- **Facility Directory:** We may include certain limited information in our directory while a patient is an inpatient. This information may include name, location in the facility, and religious affiliation if provided to us. The directory information, except for religious affiliation and condition, may be released to people who ask for patient by name. This is so family, friends and clergy can know the patient's location. Religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask by name. If patient would prefer that Ridgeview Medical Center not make these disclosures, they should notify **Patient Registration.**
- **To People Assisting in Care.** Ridgeview Medical Center will only disclose medical information to those taking care of the patient, helping to pay bills, or other close family members or friends if these people need to know this information to help the patient, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription. Generally, we will get the patient's written consent prior to making disclosures to family or friends. If patient is able to make their own health care decisions, Ridgeview Medical Center will ask permission before using medical information for these purposes. If patient is unable to make health care decisions, Ridgeview Medical Center will disclose relevant medical information to family members or other responsible people if we feel it is in the patient's best interest to do so, including in an emergency situation.
- **Research:** Federal law permits Ridgeview Medical Center to use and disclose medical information for research purposes, either with specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get consent before we disclose health information to an outside researcher. We will make a good faith effort to obtain consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information to outside researchers.
- **As Required by Law:** We will disclose medical information when we are required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information when necessary to prevent a serious threat to health and safety of the patient or the health and safety of the

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public or another person. Any disclosure must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have written consent, or when the disclosure is specifically required by law, including the limited circumstances in which Ridgeview Medical Center health care professionals have a "duty to warn."

- **To Business Associates:** Some services are provided by or to Ridgeview Medical Center through contracts with business associates. Examples include Ridgeview Medical Center's, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

MEDICAL INFORMATION MAY BE RELEASED IN THE FOLLOWING SPECIAL SITUATIONS:

- **Organ and Tissue Donation:** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. The information that Ridgeview Medical Center may disclose is limited to the information necessary to make a transplant possible.
- **Military and Veterans:** If the patient is a member of the armed forces, we will release medical information as requested by military command authorities if we are required to do so by law, or when we have written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.
- **Workers' Compensation:** We may release medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are permitted to disclose information regarding work related injuries to the employer on record or the employer's workers' compensation insurer without specific consent, so long as the information is related to a workers' compensation claim.
- **Public Health:** We may disclose medical information to public health authorities for public health activities. These disclosures generally include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting child abuse or neglect, or abuse of a vulnerable adult;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products they may be using;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - Reporting to the FDA as permitted or required by law.
- **Health Oversight Activities:** Ridgeview Medical Center may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Minnesota law requires that patient identifying information (for example, name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless we receive written consent for the disclosure.
- **Lawsuits and Disputes:** We may disclose medical information in response to a valid court order or statutory authorization, or with patient's written consent.

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- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with patient's written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require patient's consent or a court order.

We may also release information to law enforcement that is not a part of the health record (in other words, non-medical information) for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
 - If patient is the victim of a crime, if, under certain limited circumstances, we are unable to obtain patient's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify patient or determine the cause of death. We may also release the fact of death and certain demographic information about patient to funeral directors as necessary to carry out their duties. Other disclosures from the patient's health record will require the consent of a surviving spouse, parent, person appointed by patient writing or legally authorized representative.
 - **National Security and Intelligence Activities:** We will release medical information about patient to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with patient's written consent.
 - **Protective Services for the President and Others:** We will disclose medical information about patient to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with patient's written consent.
 - **Inmates:** If the patient is an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about the patient to the correctional institution or law enforcement official only as permitted by law or with patient's written consent.

THE PATIENT HAS THE FOLLOWING RIGHTS REGARDING MEDICAL INFORMATION WE MAINTAIN:

- **Right to Inspect and Copy:** The patient has the right to inspect and receive a copy of patient's medical information that is used to make decisions about the patient's care. Usually, this includes medical and billing records maintained by Ridgeview Medical Center.

If patient wishes to inspect and copy medical information, the request must be made in writing to **Medical Records**. If the patient requests a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with the patient's request, to the extent permitted by state and federal law. If we maintain the patient's health information electronically as part of a designated record set, the patient has the right to receive a copy of the health information in electronic format upon request. The patient may also direct us to transmit health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by the patient in writing.

We may deny the patient's request to inspect and copy information in certain very limited circumstances. For example, we may deny access if the physician believes it will be harmful to the patient's health, or could cause a

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threat to others. In these cases, we may supply the information to a third party who may release the information to the patient. If the patient is denied access to medical information, the patient may request that the denial be reviewed. Another licensed health care professional chosen by Ridgeview Medical Center will review the request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

- **Right to Request Amendment:** If the patient believes that medical information we have is incorrect or incomplete, the patient has the right to ask us to change the information. The patient has the right to request an amendment for as long as the information is kept by or for Ridgeview Medical Center.

To request a change to the patient's information, the request must be made in writing and submitted to **Medical Records**. In addition, the patient must provide a reason that supports the request.

Ridgeview Medical Center may deny the request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny the request if we are asked to amend information that:

- Was not created by Ridgeview Medical Center, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for Ridgeview Medical Center;
 - Is not part of the information which the patient would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures:** The patient has the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about the patient. This list will not include disclosures for treatment, payment, and health care operations; disclosures the patient has authorized or that have been made to the patient; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of the patient; disclosures that took place before April 14, 2003; and certain other disclosures.

To request this list of disclosures, the patient must submit the request in writing to **Medical Records**. The request must state a time period for which the patient would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. The patient may receive one free accounting in any 12-month period. We will charge the patient for additional requests.

- **Right to Request Restrictions:** The patient has the right to request a restriction or limitation on the medical information we use or disclose about them. If the patient pays out-of-pocket in full for an item or service, then the patient may request that we not disclose information pertaining solely to such item or service to the health plan for purposes of payment or health care operations. We are required to agree with such a request, unless the patient requests a restriction on the information we disclose to a health maintenance organization ("HMO") and the law prohibits us from accepting payment from the patient above the cost-sharing amount for the item or service that is the subject of the requested restriction. **However, we are not required to agree to any other request.** If we do agree, we will comply with the request unless the information is needed to provide the patient emergency treatment or the patient requests that we remove the restriction.

To request restrictions, the patient must make the request in writing to **Medical Records**. In the request, the patient must tell us (1) what information they want to limit; (2) whether they want to limit our use, disclosure, or both; and (3) to whom they want the limits to apply, for example, if they want to prohibit disclosures to a spouse.

- **Right to Request Confidential Communications:** The patient has the right to request that we communicate with them about medical matters in a certain way or at a certain location. For example, the patient can ask that we only contact them only at work or only by mail.

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To request confidential communications, the patient must make the request in writing to **Medical Records**. We will not ask the patient the reason for the request. We will accommodate all reasonable requests. The request must specify how or where the patient wishes to be contacted, and we may require the patient to provide information about how payment will be handled.

- **Right to a Paper Copy of This Notice:** The patient has the right to receive a paper copy of our privacy notice. The patient may ask us to give them a copy of the privacy notice any time. The notice is on our website, www.ridgeviewmedical.org.

CHANGES TO THIS NOTICE

The effective date of this notice is April 14, 2003, and it has been updated effective September 23, 2013. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about the patient, as well as any information we receive in the future. If the terms of this notice are changed, Ridgeview Medical Center will provide the patient with a revised notice upon request, and we will post the revised notice at www.ridgeviewmedical.org and in designated locations at Ridgeview Medical Center.

COMPLAINTS OR QUESTIONS

If the patient believes their privacy rights have been violated, the patient may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Ridgeview Medical Center, or to ask a question about this Notice, contact **HIPAA compliance officer at 952-442-2191**. All complaints must be submitted in writing. *The patient will not be penalized for filing a complaint.*

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We are required to obtain a written authorization from the patient for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, Ridgeview Medical Center will not use or disclose protected health information without a specific written authorization from the patient. If the patient provides us with this written authorization to use or disclose medical information, the patient may revoke that authorization, in writing, at any time. If the patient revokes authorization, we will no longer use or disclose medical information about the patient for the reasons covered by their written authorization, except to the extent we have already relied on their authorization. We are unable to take back any disclosures we have already made with the patient's permission, and we are required to retain our records of the care that we provided to the patient.